

## Police Crash Report



FR300P (Rev 1/12)

Revised Report

Page 1 of 4

## CRASH

Crash Date 10/26/2017

Day of Week Thursday

MILITARY Time (24 hr clock) 06:21

GPS Lat.

3 8 8 9 8 0 0 0

GPS Long.

- 7 7 1 1 9 0 0 0

County of Crash

ARLINGTON COUNTY

Official DMV Use

172995103

City of  
Town of

City or Town Name

Landmarks at Scene

Location of Crash (route/street)

OLD DOMINION DR

Railroad Crossing ID no. (if within 150 ft.)

Local Case Number

2017-10260040

At Intersection With or 150.

Miles Feet

N S E W

Location of Crash (route/street)  
of N WAKEFIELD ST

Mile Marker Number

Number of Vehicles

2

VEHICLE # 1

VEHICLE # 2

## DRIVER

Driver's Name (Last, First, Middle)

BERNHARDT, DAVID, LONGLY

Address (Street and Number)

Driver Fled Scene

Gender



## DRIVER

Driver's Name (Last, First, Middle)

PENA, ROBERT, JOSEPH

Address (Street and Number)

Driver Fled Scene

Gender



## VEHICLE

Vehicle Owner's Name (Last, First, Middle)

Same as Driver ☒

## VEHICLE

Vehicle Owner's Name (Last, First, Middle)

Same as Driver ☒

Speed Before Crash 35 Speed Limit 35 Maximum Safe Speed 35 Under 8 0 ALL Passengers Age Count Over 21 0 8-17 0 18-21 0

## PASSENGER (only if injured or killed)

Name of Injured (Last, First, Middle)

EMS Transport Date of Death

Position In/On Vehicle Safety Equip Used Airbag Ejected Injury Type Birthdate Gender

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Name of Injured (Last, First, Middle)

EMS Transport Date of Death

Position In/On Vehicle Safety Equip Used Airbag Ejected Injury Type Birthdate Gender

## Codes

8  
1 2 3  
8 4 5 6 8  
7  
8

## POSITION IN/ON VEHICLE

1. Driver  
2-6. Passengers  
7. Cargo Area  
8. Riding/Hanging  
On Outside  
9-98. All Other  
Passengers

## SAFETY EQUIPMENT USED

1. Lap Belt Only  
2. Shoulder Belt Only  
3. Lap and Shoulder Belt  
4. Child Restraint  
5. Helmet  
6. Other  
7. Booster Seat  
8. No Restraint Used  
9. Not Applicable

## AIRBAG

1. Deployed - Front  
2. Not Deployed  
3. Unavailable/Not Applicable  
4. Keyed Off  
5. Unknown  
6. Deployed - Side  
7. Deployed - Other (Knee,  
Air Belt, etc.)  
8. Deployed - Combination

## EJECTED FROM VEHICLE

1. Not Ejected  
2. Partially Ejected  
3. Totally EjectedSUMMONS ISSUED AS  
A RESULT OF CRASH1. Yes  
2. No  
3. Pending

## INJURY TYPE

1. Dead  
2. Serious Injury  
3. Minor/Possible Injury  
4. No Apparent Injury  
6. No Injury (driver only)

Investigating Officer

K AMES

Badge/Code Number

1613

Agency/Department Name and Code

ACPD

Reviewing Officer

David Clenace

Report File Date

10/26/2017



## Revised Report

## Police Crash Report

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## CRASH

|                          |                                      |                                     |                    |                                    |
|--------------------------|--------------------------------------|-------------------------------------|--------------------|------------------------------------|
| Crash Date<br>10/26/2017 | MILITARY Time (24 hr clock)<br>06:21 | County of Crash<br>ARLINGTON COUNTY | City of<br>Town of | Local Case Number<br>2017-10260040 |
|--------------------------|--------------------------------------|-------------------------------------|--------------------|------------------------------------|

## DRIVER INFORMATION

| Veh 1   | Veh 2 | Veh 1   | Veh 2 |
|---|-------|---|-------|
| <b>Driver's Action P1</b>   |       | <b>Driver Vision Obscured P3</b>  |       |
| <input checked="" type="checkbox"/> 1. No Improper Action                       |       | <input checked="" type="checkbox"/> 1. Not Obscured   |       |
| <input checked="" type="checkbox"/> 2. Exceeded Speed Limit                     |       | <input checked="" type="checkbox"/> 2. Rain, Snow, etc. on Windshield                                 |       |
| <input checked="" type="checkbox"/> 3. Exceeded Safe Speed But Not Speed Limit  |       | <input checked="" type="checkbox"/> 3. Windshield Otherwise Obscured                                  |       |
| <input checked="" type="checkbox"/> 4. Overtaking On Hill                       |       | <input checked="" type="checkbox"/> 4. Vision Obscured by Load on Vehicle                             |       |
| <input checked="" type="checkbox"/> 5. Overtaking On Curve                      |       | <input checked="" type="checkbox"/> 5. Trees, Crops, etc.   |       |
| <input checked="" type="checkbox"/> 6. Overtaking at Intersection               |       | <input checked="" type="checkbox"/> 6. Building   |       |
| <input checked="" type="checkbox"/> 7. Improper Passing of School Bus           |       | <input checked="" type="checkbox"/> 7. Embankment   |       |
| <input checked="" type="checkbox"/> 8. Cutting In                               |       | <input checked="" type="checkbox"/> 8. Sign or Signboard  |       |
| <input checked="" type="checkbox"/> 9. Other Improper Passing                   |       | <input checked="" type="checkbox"/> 9. Hillcrest  |       |
| <input checked="" type="checkbox"/> 10. Wrong Side of Road – Not Overtaking     |       | <input checked="" type="checkbox"/> 10. Parked Vehicle(s)   |       |
| <input checked="" type="checkbox"/> 11. Did Not Have Right-of-Way               |       | <input checked="" type="checkbox"/> 11. Moving Vehicle(s)   |       |
| <input checked="" type="checkbox"/> 12. Following Too Close                     |       | <input checked="" type="checkbox"/> 12. Sun or Headlight Glare  |       |
| <input checked="" type="checkbox"/> 13. Fail to Signal or Improper Signal       |       | <input checked="" type="checkbox"/> 13. Other   |       |
| <input checked="" type="checkbox"/> 14. Improper Turn – Wide Right Turn         |       | <input checked="" type="checkbox"/> 14. Blind Spot  |       |
| <input checked="" type="checkbox"/> 15. Improper Turn – Cut Corner on Left Turn |       | <input checked="" type="checkbox"/> 15. Smoke/Dust  |       |
| <input checked="" type="checkbox"/> 16. Improper Turn From Wrong Lane           |       | <input checked="" type="checkbox"/> 16. Stopped Vehicle(s)  |       |
| <b>Type of Driver Distractions P4</b>   |       | <b>Skidding Tire/Mark V2</b>  |       |
| <input checked="" type="checkbox"/> 1. Looking at Roadside Incident             |       | <input checked="" type="checkbox"/> 1. Before Application of Brakes                                   |       |
| <input checked="" type="checkbox"/> 2. Driver Fatigue                           |       | <input checked="" type="checkbox"/> 2. After Application of Brakes                                    |       |
| <input checked="" type="checkbox"/> 3. Looking at Scenery                       |       | <input checked="" type="checkbox"/> 3. Before and After Application of Brakes                         |       |
| <input checked="" type="checkbox"/> 4. Passenger(s)                             |       | <input checked="" type="checkbox"/> 4. No Visible Skid Mark/Tire Mark                                 |       |
| <input checked="" type="checkbox"/> 5. Radio/CD, etc.                           |       |   |       |
| <input checked="" type="checkbox"/> 6. CellPhone                                |       |   |       |
| <input checked="" type="checkbox"/> 7. Eyes Not on Road                         |       |   |       |
| <input checked="" type="checkbox"/> 8. Daydreaming                              |       |   |       |
| <input checked="" type="checkbox"/> 9. Eating/Drinking                          |       |   |       |
| <input checked="" type="checkbox"/> 10. Adjusting Vehicle Controls              |       |   |       |
| <input checked="" type="checkbox"/> 11. Other                                   |       |   |       |
| <input checked="" type="checkbox"/> 12. Navigation Device                       |       |   |       |
| <input checked="" type="checkbox"/> 13. Texting                                 |       |   |       |
| <input checked="" type="checkbox"/> 14. No Driver Distraction                   |       |   |       |
| <b>Drinking P5</b>  |       | <b>Vehicle Body Type V3</b>   |       |
| <input checked="" type="checkbox"/> 1. Had Not Been Drinking                    |       | <input checked="" type="checkbox"/> 1. Passenger car  |       |
| <input checked="" type="checkbox"/> 2. Drinking – Obviously Drunk               |       | <input checked="" type="checkbox"/> 2. Truck – Pick-up/Passenger Truck                                |       |
| <input checked="" type="checkbox"/> 3. Drinking – Ability Impaired              |       | <input checked="" type="checkbox"/> 3. Van  |       |
| <input checked="" type="checkbox"/> 4. Drinking – Ability Not Impaired          |       | <input checked="" type="checkbox"/> 4. Truck – Single Unit Truck (2-Axles)                            |       |
| <input checked="" type="checkbox"/> 5. Drinking – Not Known Whether Impaired    |       | <input checked="" type="checkbox"/> 5. Motor Home, Recreational Vehicle                               |       |
| <input checked="" type="checkbox"/> 6. Unknown                                  |       | <input checked="" type="checkbox"/> 6. Special Vehicle – Oversized Vehicle/Earthmover/Road Equipment  |       |
|   |       | <input checked="" type="checkbox"/> 7. Bicycle  |       |
|   |       | <input checked="" type="checkbox"/> 8. Moped  |       |
|   |       | <input checked="" type="checkbox"/> 9. Motorcycle   |       |
|   |       | <input checked="" type="checkbox"/> 10. Emergency Vehicle (Regardless of Vehicle Type)                |       |
|   |       | <input checked="" type="checkbox"/> 11. Bus – School Bus  |       |
|   |       | <input checked="" type="checkbox"/> 12. Bus – City Transit Bus/Private Owned Church Bus               |       |
|   |       | <input checked="" type="checkbox"/> 13. Bus – Commercial Bus  |       |
|   |       | <input checked="" type="checkbox"/> 14. Other (Scooter, Go-cart, Hearse, Bookmobile, Golf Cart, etc.) |       |
|   |       | <input checked="" type="checkbox"/> 15. Special Vehicle – Farm Machinery                              |       |
|   |       | <input checked="" type="checkbox"/> 16. Special Vehicle – ATV   |       |
|   |       | <input checked="" type="checkbox"/> 17. Special Vehicle – Low-Speed Vehicle                           |       |
|   |       | <input checked="" type="checkbox"/> 18. Truck – Sport Utility Vehicle (SUV)                           |       |
|   |       | <input checked="" type="checkbox"/> 19. Truck – Single Unit Truck (3 Axles or More)                   |       |
|   |       | <input checked="" type="checkbox"/> 20. Truck – Truck Tractor (Bobtail-No Trailer)                    |       |
| <b>Method of Alcohol Determination (by police) P6</b>                           |       |   |       |
| <input checked="" type="checkbox"/> 1. Blood                                    |       |   |       |
| <input checked="" type="checkbox"/> 2. Breath                                   |       |   |       |
| <input checked="" type="checkbox"/> 3. Refused                                  |       |   |       |
| <input checked="" type="checkbox"/> 4. No Test                                  |       |   |       |
| <b>Drug Use P7</b>  |       |   |       |
| <input checked="" type="checkbox"/> 1. Yes                                      |       |   |       |
| <input checked="" type="checkbox"/> 2. No                                       |       |   |       |
| <input checked="" type="checkbox"/> 3. Unknown                                  |       |   |       |

## VEHICLE INFORMATION

| Veh 1  | Veh 2 | Veh 1  | Veh 2 |
|--|-------|--|-------|
| <b>Vehicle Maneuver V1</b>   |       | <b>Vehicle Damage V4</b>                             |       |
| <input checked="" type="checkbox"/> 1. Going Straight Ahead              |       | <input checked="" type="checkbox"/> 1. Unknown       |       |
| <input checked="" type="checkbox"/> 2. Making Right Turn                 |       | <input checked="" type="checkbox"/> 2. No damage     |       |
| <input checked="" type="checkbox"/> 3. Making Left Turn                  |       | <input checked="" type="checkbox"/> 3. Overturned    |       |
| <input checked="" type="checkbox"/> 4. Making U-Turn                     |       | <input checked="" type="checkbox"/> 4. Motor         |       |
| <input checked="" type="checkbox"/> 5. Slowing or Stopping               |       | <input checked="" type="checkbox"/> 5. Undercarriage |       |
| <input checked="" type="checkbox"/> 6. Merging Into Traffic Lane         |       | <input checked="" type="checkbox"/> 6. Totaled       |       |
| <input checked="" type="checkbox"/> 7. Starting From Parked Position     |       | <input checked="" type="checkbox"/> 7. Fire          |       |
| <input checked="" type="checkbox"/> 8. Stopped in Traffic Lane           |       | <input checked="" type="checkbox"/> 8. Other         |       |
| <input checked="" type="checkbox"/> 9. Ran Off Road – Right              |       |  |       |
| <input checked="" type="checkbox"/> 10. Ran Off Road – Left              |       |  |       |
| <input checked="" type="checkbox"/> 11. Parked                           |       |  |       |
| <input checked="" type="checkbox"/> 12. Backing                          |       |  |       |
| <input checked="" type="checkbox"/> 13. Passing                          |       |  |       |
| <input checked="" type="checkbox"/> 14. Changing Lanes                   |       |  |       |
| <input checked="" type="checkbox"/> 15. Other                            |       |  |       |
| <input checked="" type="checkbox"/> 16. Entering Street From Parking Lot |       |  |       |
| <b>Vehicle Condition V5</b>  |       |  |       |
| <input checked="" type="checkbox"/> 1. No Defects                        |       |  |       |
| <input checked="" type="checkbox"/> 2. Lights Defective                  |       |  |       |
| <input checked="" type="checkbox"/> 3. Brakes Defective                  |       |  |       |
| <input checked="" type="checkbox"/> 4. Steering Defective                |       |  |       |
| <input checked="" type="checkbox"/> 5. Puncture/Blowout                  |       |  |       |
| <input checked="" type="checkbox"/> 6. Worn or Slick Tires               |       |  |       |
| <input checked="" type="checkbox"/> 7. Motor Trouble                     |       |  |       |
| <input checked="" type="checkbox"/> 8. Chains In Use                     |       |  |       |
| <input checked="" type="checkbox"/> 9. Other                             |       |  |       |
| <input checked="" type="checkbox"/> 10. Vehicle Altered                  |       |  |       |
| <input checked="" type="checkbox"/> 11. Mirrors Defective                |       |  |       |
| <input checked="" type="checkbox"/> 12. Power Train Defective            |       |  |       |
| <input checked="" type="checkbox"/> 13. Suspension Defective             |       |  |       |
| <input checked="" type="checkbox"/> 14. Windows/Windshield Defective     |       |  |       |
| <input checked="" type="checkbox"/> 15. Wipers Defective                 |       |  |       |
| <input checked="" type="checkbox"/> 16. Wheels Defective                 |       |  |       |
| <input checked="" type="checkbox"/> 17. Exhaust System                   |       |  |       |
| <b>Special Function Motor Vehicle V6</b>                                 |       |  |       |
| <input checked="" type="checkbox"/> 1. No Special Function               |       |  |       |
| <input checked="" type="checkbox"/> 2. Taxi                              |       |  |       |
| <input checked="" type="checkbox"/> 3. School Bus (Public or Private)    |       |  |       |
| <input checked="" type="checkbox"/> 4. Transit Bus                       |       |  |       |
| <input checked="" type="checkbox"/> 5. Intercity Bus                     |       |  |       |
| <input checked="" type="checkbox"/> 6. Charter Bus                       |       |  |       |
| <input checked="" type="checkbox"/> 7. Other Bus                         |       |  |       |
| <input checked="" type="checkbox"/> 8. Military                          |       |  |       |
| <input checked="" type="checkbox"/> 9. Police                            |       |  |       |
| <input checked="" type="checkbox"/> 10. Ambulance                        |       |  |       |
| <input checked="" type="checkbox"/> 11. Fire Truck                       |       |  |       |
| <input checked="" type="checkbox"/> 12. Tow Truck                        |       |  |       |
| <input checked="" type="checkbox"/> 13. Maintenance                      |       |  |       |
| <input checked="" type="checkbox"/> 14. Unknown                          |       |  |       |
| <input checked="" type="checkbox"/> 15. TNC                              |       |  |       |
| <b>EMV in service V7</b>   |       |  |       |
| <input checked="" type="checkbox"/> 1. Yes                               |       |  |       |
| <input checked="" type="checkbox"/> 2. No                                |       |  |       |
| <b>Truck Cover V8</b>  |       |  |       |
| <input checked="" type="checkbox"/> 1. Yes                               |       |  |       |
| <input checked="" type="checkbox"/> 2. No                                |       |  |       |



## Revised Report

## Police Crash Report

## CRASH

Crash Date 10/26/2017 MILITARY Time (24 hr clock) 06:21 County of Crash ARLINGTON COUNTY City of Town of Local Case Number 2017-10260040

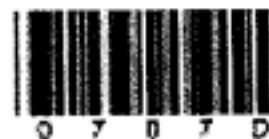
## CRASH INFORMATION

|  |  |   |   |
|--|--|---|---|
| <b>Location of First Harmful Event in Relation to Roadway</b> C1<br><input checked="" type="checkbox"/> 1. On Roadway<br>2. Shoulder<br>3. Median<br>4. Roadside<br>5. Gore<br>6. Separator<br>7. In Parking Lane or Zone<br>8. Off Roadway, Location Unknown<br>9. Outside Right-of-Way | <b>Traffic Control Type</b> C5<br><input checked="" type="checkbox"/> 1. No Traffic Control<br>2. Officer or Flagger<br><input checked="" type="checkbox"/> 3. Traffic Signal<br>4. Stop Sign<br>5. Slow or Warning Sign<br>6. Traffic Lanes Marked<br>7. No Passing Lines<br>8. Yield Sign<br>9. One Way Road or Street<br>10. Railroad Crossing With Markings and Signs<br>11. Railroad Crossing With Signals<br>12. Railroad Crossing With Gate and Signals<br>13. Other<br>14. Pedestrian Crosswalk<br>15. Reduced Speed – School Zone<br>16. Reduced Speed – Work Zone<br>17. Highway Safety Corridor | <b>Roadway Description</b> C9<br><input checked="" type="checkbox"/> 1. Two-Way, Not Divided<br>2. Two-Way, Divided, Unprotected Median<br>3. Two-Way, Divided, Positive Median Barrier<br>4. One-Way, Not Divided<br>5. Unknown  | <b>Intersection Type</b> C12<br>1. Not at Intersection<br>2. Two Approaches<br>3. Three Approaches<br><input checked="" type="checkbox"/> 4. Four Approaches<br>5. Five-Point, or more<br>6. Roundabout   |
| <b>Weather Condition</b> C2<br><input checked="" type="checkbox"/> 1. No Adverse Condition (Clear/Cloudy)<br>3. Fog<br>4. Mist<br>5. Rain<br>6. Snow<br>7. Sleet/Hail<br>8. Smoke/Dust<br>9. Other<br>10. Blowing Sand, Soil, Dirt, or Snow<br>11. Severe Crosswinds                     | <b>Roadway Alignment</b> C6<br><input checked="" type="checkbox"/> 1. Straight – Level<br>2. Curve – Level<br>3. Grade – Straight<br>4. Grade – Curve<br>5. Hillcrest – Straight<br>6. Hillcrest – Curve<br>7. Dip – Straight<br>8. Dip – Curve<br>9. Other<br>10. On/Off Ramp   | <b>Roadway Defects</b> C10<br><input checked="" type="checkbox"/> 1. No Defects<br>2. Holes, Ruts, Bumps<br>3. Soft or Low Shoulder<br>4. Under Repair<br>5. Loose Material<br>6. Restricted Width<br>7. Slick Pavement<br>8. Roadway Obstructed<br>9. Other<br>10. Edge Pavement Drop Off  | <b>Work Zone</b> C13<br><input checked="" type="checkbox"/> 1. Yes<br>2. No   |
| <b>Light Conditions</b> C3<br><input checked="" type="checkbox"/> 1. Dawn<br>2. Daylight<br>3. Dusk<br><input checked="" type="checkbox"/> 4. Darkness – Road Lighted<br>5. Darkness – Road Not Lighted<br>6. Darkness – Unknown Road Lighting<br>7. Unknown                             | <b>Roadway Surface Condition</b> C7<br><input checked="" type="checkbox"/> 1. Dry<br>2. Wet<br>3. Snowy<br>4. Icy<br>5. Muddy<br>6. Oil/Other Fluids<br>7. Other<br>8. Natural Debris<br>9. Water (Standing, Moving)<br>10. Slush<br>11. Sand, Dirt, Gravel  | <b>Relation to Roadway Interchange Area:</b> C11<br>1. Main-Line Roadway<br>2. Acceleration/Deceleration Lanes<br>3. Gore Area (Between Ramp and Highway Edgelines)<br>4. Collector/Distributor Road<br>5. On Entrance/Exit Ramp<br>6. Intersection at end of Ramp<br>7. Other location not listed above within an interchange area (median, shoulder and roadside) | <b>Work Zone Location</b> C15<br>1. Advance Warning Area<br>2. Transition Area<br>3. Activity Area<br>4. Termination Area   |
| <b>Traffic Control Device</b> C4<br><input checked="" type="checkbox"/> 1. Yes – Working<br>2. Yes – Working and Obscured<br>3. Yes – Not Working<br>4. Yes – Not Working and Obscured<br>5. Yes – Missing<br>6. No Traffic Control Device Present                                       | <b>Roadway Surface Type</b> C8<br><input checked="" type="checkbox"/> 1. Concrete<br>2. Blacktop, Asphalt, Bituminous<br>3. Brick or Block<br>4. Slag, Gravel, Stone<br>5. Dirt<br>6. Other  | <b>Intersection Area:</b><br><input checked="" type="checkbox"/> 8. Non-Intersection<br>9. Within Intersection<br><input checked="" type="checkbox"/> 10. Intersection-Related - Within 150'<br>11. Intersection-Related - Outside 150'   | <b>Work Zone Type</b> C16<br>1. Lane Closure<br>2. Lane Shift/Crossover<br>3. Work on Shoulder or Median<br>4. Intermittent or Moving Work<br>5. Other  |
|  |  | <b>Other Location:</b><br>12. Crossover Related<br>13. Driveway, Alley-Access - Related<br>14. Railway Grade Crossing<br>15. Other Crossing (Crossings for Bikes, School, etc.)   | <b>School Zone</b> C17<br><input checked="" type="checkbox"/> 1. Yes<br>2. Yes - With School Activity<br>3. No  |
|  |  |   | <b>Type of Collision</b> C18<br><input checked="" type="checkbox"/> 1. Rear End<br>2. Angle<br>3. Head On<br><input checked="" type="checkbox"/> 4. Sideswipe – Same Direction<br>5. Sideswipe – Opposite Direction<br>6. Fixed Object in Road<br>7. Train<br>8. Non-Collision<br>9. Fixed Object – Off Road<br>10. Deer<br>11. Other Animal<br>12. Pedestrian<br>13. Bicyclist<br>14. Motorcyclist<br>15. Backed Into<br>16. Other |

Officer Initials **KA** Badge # **1613**

Commonwealth of Virginia • Department of Motor Vehicles

## Police Crash Report



FR300P (Rev 1/12)

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## Revised Report

## CRASH

Crash Date **10/26/2017** MILITARY Time (24 hr clock) **06:21** County of Crash **ARLINGTON COUNTY** City of  Town of  Local Case Number **2017-10260040**

## CRASH DIAGRAM

## VEHICLE # 1

Fill In Impact Area(s).  
Initial Impact.

11

12  
11 ✓ 12 ✓ 1  
10 ✓ 2  
9 ✓ 13 3  
8 4  
7 5

6

E

Veh Dir of Travel—N/S/E/W

## VEHICLE #

Fill In Impact Area(s).  
Initial Impact.

12

11 1  
10 2  
9 13 3  
8 4  
7 5

6

Veh Dir of Travel—N/S/E/W

## VEHICLE # 2

Fill In Impact Area(s).  
Initial Impact.

5

12

11 1  
10 2  
9 13 ✓ 3  
8 ✓ 4  
7 ✓ 5

6

E

Veh Dir of Travel—N/S/E/W

## VEHICLE #

Fill In Impact Area(s).  
Initial Impact.

12

11 1  
10 2  
9 13 3  
8 4  
7 5

6

Veh Dir of Travel—N/S/E/W

## DAMAGE TO PROPERTY OTHER THAN VEHICLES

Approx. Repair Cost Object Struck (Tree, Fence, etc.) Property Owners Name (Last, First, Middle)

1000 BUILDING LANDLORD: ED 703-980-2000

Address (Street and Number)

VDOT Property

## CRASH DESCRIPTION

THE DRIVER OF VEHICLE 1 HAD JUST LEFT MCDONALDS ON HIS WAY TO WORK AND BEGAN EATING HIS BREAKFAST BURRITO. AFTER TAKING A BITE, THE DRIVER BEGAN TO COUGH, CHOKING ON HIS FOOD. HE STATED THAT AFTER TRYING TO COUGH A FEW TIMES, THE NEXT THING HE REALIZED HIS VEHICLE WAS AGAINST A BUILDING. WITNESSES STATED THAT VEHICLE 1 HAD BEEN TRAVELING EAST ON OLD DOMINION DR IN THE RIGHT LANE APPROACHING N WAKEFIELD ST. JUST PRIOR TO THE INTERSECTION, VEHICLE 1 BEGAN TO VEER INTO THE LEFT LANE, STRIKING VEHICLE 2 (WHO HAD ALSO BEEN TRAVELING EAST ON OLD DOMINION PRIOR TO N WAKEFIELD ST. VEHICLE 1 CONTINUED TO VEER TO THE LEFT, GOING OVER THE MEDIAN AND ENTERING THE ONCOMING LANE OF TRAFFIC. VEHICLE 1 THEN CAME TO A REST AFTER STRIKING 4603 OLD DOMINION DR APARTMENT B. MEDICS WERE ON SCENE AND CHECKED INJURIES, BUT NEITHER PARTY WAS TRANSFERRED FROM THE SCENE TO THE HOSPITAL. BOTH VEHICLES WERE TOWED DUE TO DAMAGE. RESIDENT OF THE APARTMENT WAS NOT HOME, BUT THE LANDLORD WAS NOTIFIED OF THE SITUATION, AND INFORMATION REGARDING THE CRASH WAS LEFT FOR HIM WITH ANOTHER TENANT

## CRASH EVENTS

| Vehicle # | First Event | Second Event | Third Event | Fourth Event | Most Harmful Event | Vehicle # | First Event | Second Event | Third Event | Fourth Event | Most Harmful Event |
|-----------|-------------|--------------|-------------|--------------|--------------------|-----------|-------------|--------------|-------------|--------------|--------------------|
| 1         | 20          | 28           | 12          |              | 20                 | 2         | 20          |              |             |              | 20                 |
| Vehicle # | First Event | Second Event | Third Event | Fourth Event | Most Harmful Event | Vehicle # | First Event | Second Event | Third Event | Fourth Event | Most Harmful Event |

First Harmful Event  
of Entire Crash that  
Results in First Injury  
or Damage.  
20

## COLLISION WITH FIXED OBJECT

- |   |                           |
|---|---------------------------|
| 1. Bank Or Ledge                            | 10. Other                 |
| 2. Trees                                    | 11. Jersey Wall           |
| 3. Utility Pole                             | 12. Building/Structure    |
| 4. Fence Or Post                            | 13. Curb                  |
| 5. Guard Rail                               | 14. Ditch                 |
| 6. Parked Vehicle                           | 15. Other Fixed Object    |
| 7. Tunnel, Bridge, Underpass, Culvert, etc. | 16. Other Traffic Barrier |
| 8. Sign, Traffic Signal                     | 17. Traffic Sign Support  |
| 9. Impact Cushioning Device                 | 18. Mailbox               |

## COLLISION WITH PERSON, MOTOR VEHICLE OR NON-FIXED OBJECT

- |                                |                            |
|--------------------------------|----------------------------|
| 19. Pedestrian                 | 24. Work Zone              |
| 20. Motor Vehicle In Transport | Maintenance Equipment      |
| 21. Train                      | 25. Other Movable Object   |
| 22. Bicycle                    | 26. Unknown Movable Object |
| 23. Animal                     | 27. Other                  |

## NON-COLLISION

- |                         |                                   |
|-------------------------|-----------------------------------|
| 28. Ran Off Road        | 35. Cross Median                  |
| 29. Jack Knife          | 36. Cross Centerline              |
| 30. Overturn (Rollover) | 37. Equipment Failure (Tire, etc) |
| 31. Downhill Runaway    | 38. Immersion                     |
| 32. Cargo Loss or Shift | 39. Fell/Jumped From Vehicle      |
| 33. Explosion or Fire   | 40. Thrown or Falling Object      |
| 34. Separation of Units | 41. Non-Collision Unknown         |
|                         | 42. Other Non-Collision           |

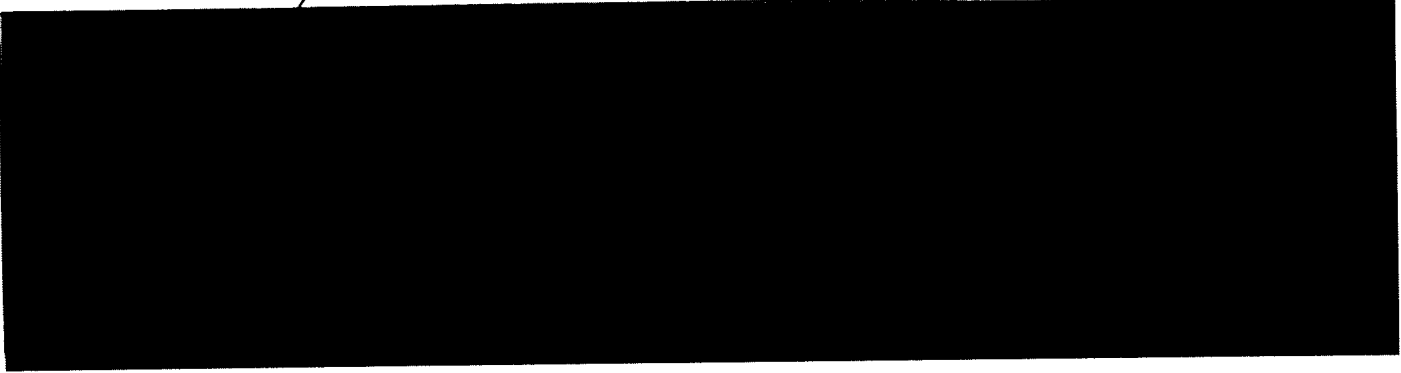


Arlington County Police Department  
STATEMENT FORM

REPORT TYPE:

☐ CASE ☒ ACCIDENT ☐ OTHER: \_\_\_\_\_

Case #: 2017-10260040



STATEMENT:

I was across the street when I heard a smash  
and screeching of tires. Then I saw the white  
jeep loose control and crash in to the house.

Con't On Page 2?

☐ YES ☒ NO



|                  |                                      |   |
|------------------|--------------------------------------|---|
| Date<br>10/26/17 | Reporting Officer (Print)<br>K. Ames | Officer Signature / Admin No.<br>K. Ames 1613 |
|------------------|--------------------------------------|---|



Arlington County Police Department  
STATEMENT FORM

REPORT TYPE:

☐ CASE ☒ ACCIDENT ☐ OTHER: \_\_\_\_\_

Case #: 2017-10260040

STATEMENT:

I was stopped at a light at Wakefield and Old Dominion. A white jeep was heading eastbound, Sincerely, crossed the midline and hit a building at 9603 Old Dominion Dr.

Con:1 On Page 27

☐ YES ☒ NO

Date

10/26/17

Reporting Officer (Print)

K. Amos

Officer Signature / Admin No.

K. Amos 1013



Arlington County Police Department  
STATEMENT FORM

REPORT TYPE:

☐ CASE ☒ ACCIDENT ☐ OTHER: \_\_\_\_\_

Case #: 2017-10260040

STATEMENT:

Traffic was at a stop at the red light of Wakefield St and Lee Highway. The white Jeep was driving in the right lane. veered off into the left lane hitting the stopped BMW driving over top of the front hood. Crossed two lanes of oncoming traffic. Crashing sideways into the houses garage across the street.

Cont On Page 2?

☐ YES ☒ NO

Date

10/26/17

Reporting Officer (Print)

K Ames

Officer Signature / Admin No.

K Ames

1013

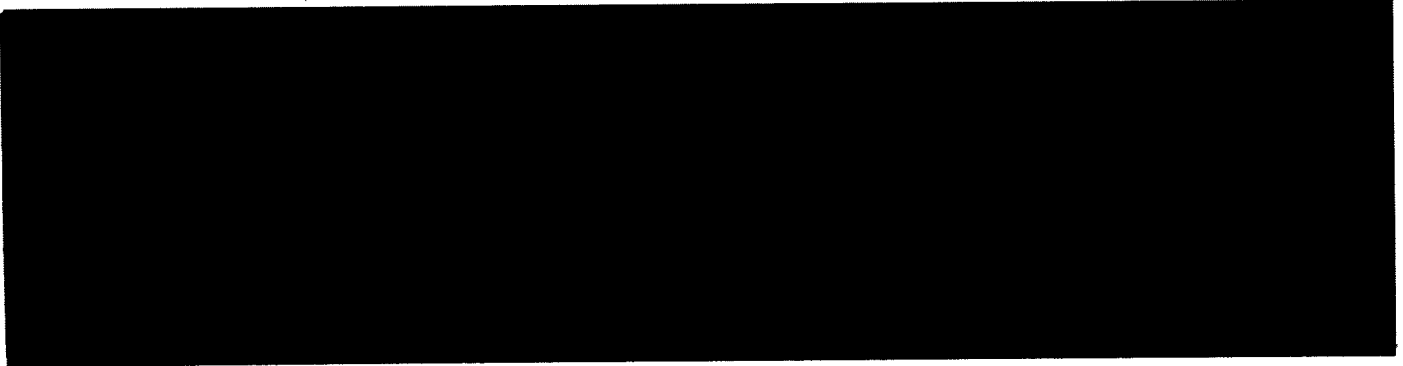


Arlington County Police Department  
STATEMENT FORM

REPORT TYPE:

☐ CASE ☒ ACCIDENT ☐ OTHER: \_\_\_\_\_

Case #: 2017-10260040

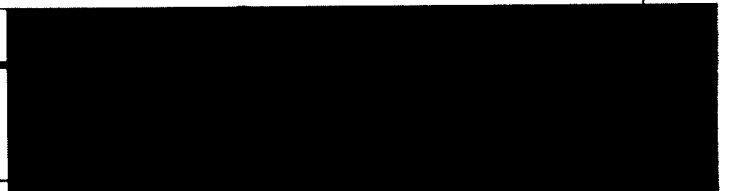


STATEMENT:

I was driving on the highway. I  
choke on a park at a bus stop  
and thought twice and then the  
next thing I realized was that  
my truck was sitting on the  
side

Cont On Page 2?

☐ YES ☒ NO



|                  |                                      |  |
|------------------|--------------------------------------|--|
| Date<br>10/26/17 | Reporting Officer (Print)<br>K. Ames | Officer Signature / Admin No.<br>K. Ames 11013 |
|------------------|--------------------------------------|--|





Arlington County Police Department  
STATEMENT FORM

REPORT TYPE:

☐ CASE ☒ ACCIDENT ☐ OTHER: \_\_\_\_\_

Case #: 2013-10200046

STATEMENT:

I was traveling N. on Lee Hwy. He passed  
into me on my way to work.

Con't On Page 2?

☐ YES ☒ NO

Date

10/26/12

Reporting Officer (Print)

E. Amei

Officer Signature / Admin No.

E. Amei 11013